

# Colorado Pharmacy Benefit Management System (PBMS) D.0 Payer Specification

## Communication Date

<b>Payer Name:</b> Colorado Medicaid	<b>Date:</b> February 25, 2017	
<b>Plan Name/Group Name:</b> Colorado Medicaid	BIN: 018902 <b>NEW!</b>	PCN: P303018902 <b>NEW!</b>
<b>Processor:</b> Magellan Rx Management		
<b>Effective as of:</b> 02/25/2017	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: October, 2015	NCPDP External Code List Version Date: October, 2015	
Contact/Information Source: Girija Karri ( <a href="mailto:GKarri@Magellahealth.com">GKarri@Magellahealth.com</a> )		
Certification Testing Window: February 6 – February 17, 2017		
Certification Contact Information: Girija Karri ( <a href="mailto:GKarri@Magellahealth.com">GKarri@Magellahealth.com</a> )		
Provider Relations Help Desk Info: 1-800-237-0757 (Option 3: Financial / Warrant/ AR Balances and Option 5: Enrollment Questions).		
Magellan Rx Management Pharmacy Support Center (will handle clinical, technical, and member calls): Phone: 1-800-424-5725 (24 hours a day, 7 days a week)		
Other versions supported: None		

## NCPDP

### Claim Billing/Claim Re-bill Transaction

The following table lists the segments and fields in a Claim Billing or Claim Re-bill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment Questions		Check	Claim Billing/Claim Re-bill If Situational, Payer Situation	
This segment is always sent		X		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		X		
Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN Number	018902	M	NEW!
1Ø1-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE		M	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
104-A4	PROCESSOR CONTROL NUMBER	P303018902	M	<b>NEW!</b>
109-A9	TRANSACTION COUNT		M	One transaction for B2 or compound claim; Four allowed for B1 or B3
202-B2	SERVICE PROVIDER ID QUALIFIER		M	01 – National Provider Identifier (NPI)
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	This will be provided by the provider's software vendor	M	Assigned when vendor is certified with Magellan Rx Management – If not number is supplied, populate with zeros

Insurance Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This segment is always sent	X	

Insurance Segment Segment Identification (111 AM) = "04"		Claim Billing/Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situations
302-C2	CARDHOLDER ID	12-Byte alpha/numeric ID	M	CO Medicaid identification number
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
360-2B	MEDICAID INDICATOR	UNITED STATES AND CANADIAN PROVINCE POSTAL SERVICE	RW	<i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage. <i>Payer Requirement:</i> Required in special situations when State issues instructions.
301-C1	GROUP ID	COMEDICAID	R	<b>NEW!</b>
306-C6	PATIENT RELATIONSHIP CODE	1 = Subscriber	R	

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This segment is always sent		
This segment is situational	X	Required for B1 and B3 transactions

Patient Segment Segment Identification (111 AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situations
3Ø4-C4	DATE OF BIRTH	Format = CCYYMMDD	R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
335-2C	PREGNANCY INDICATOR		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.
384-4X	PATIENT RESIDENCE		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This segment is always sent	X	
This plan does not accept partial fills	X	

Claim Segment Segment Identification (111 AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situations
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	12 Bytes	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	<ul style="list-style-type: none"> <li>ØØ = Not specified</li> <li>Ø3 = National Drug Code (NDC)</li> </ul>	M	<ul style="list-style-type: none"> <li>ØØ must be submitted for compounds</li> <li>Ø3 for non-compound claims</li> </ul>
4Ø7-D7	PRODUCT/SERVICE ID	<ul style="list-style-type: none"> <li>NDC for non-compound claims</li> <li>"Ø" for compound claims</li> </ul>	M	
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
4Ø3-D3	FILL NUMBER	<ul style="list-style-type: none"> <li>Ø = Original dispensing</li> <li>1–5 = Refill number – Number of the replenishment</li> </ul>	R	
4Ø5-D5	DAYS SUPPLY		R	

Claim Segment Segment Identification (111 AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situations
4Ø6-D6	COMPOUND CODE	<ul style="list-style-type: none"> <li>1 = Not a Compound</li> <li>2 = Compound</li> </ul>	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	<ul style="list-style-type: none"> <li>Ø = No Product Selection Indicated</li> <li>1 = Substitution Not Allowed by Prescriber</li> </ul>	R	Values other than "0", "1," will deny
414-DE	DATE PRESCRIPTION WRITTEN	CCYYMMDD	R	
415-DF	NUMBER OF REFILLS AUTHORIZED	<ul style="list-style-type: none"> <li>Ø = No refills authorized</li> <li>1-99 = Authorized Refill number – with 99 being as needed, refills unlimited</li> </ul>	R	
419-DJ	PRESCRIPTION ORIGIN CODE	<ul style="list-style-type: none"> <li>1 = Written</li> <li>2 = Telephone</li> <li>3 = Electronic</li> <li>4 = Facsimile</li> <li>5 = Pharmacy</li> </ul>	R	<b>NEW!</b>
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW***	Required if field # 420-DK is sent
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	8 = Process Compound For Approved Ingredients 9 = Encounters 20 = 340B - Indicates that, prior to providing service, the pharmacy has determined the product being billed is purchased pursuant to rights available under Section 340B of the Public Health Act of 1992 including sub-ceiling purchases authorized by Section 340B (a)(10) and those made through the Prime Vendor Program (Section 340B(a)(8)).
3Ø8-C8	OTHER COVERAGE CODE		RW	Required for Coordination of Benefits. OCC 8 is not allowed. Medicaid is always the payer of last resort.

Claim Segment Segment Identification (111 AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situations
				Refer to the <i>Other Coverage Code Quick sheet</i> available in the Pharmacy Billing Procedures and Forms section of the Department's website ( <a href="http://colorado.gov/hcpf">colorado.gov/hcpf</a> ).
6ØØ-28	UNIT OF MEASURE	<ul style="list-style-type: none"> <li>EA = Each</li> <li>GM = Grams</li> <li>ML = Milliliters</li> </ul>	R	<b>NEW!</b>
481-DI	LEVEL OF SERVICE		RW	
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	
995-E2	ROUTE OF ADMINISTRATION	SNOMED CT Value	RW	Required when Rx is a compound.

Pricing Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Required if necessary as component of Gross Amount Due
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		RW	Imp Guide: Required if needed for receiver claim/encounter adjudication. Ø5 (Acquisition) or Ø8 (34ØB/ Disproportionate Share Pricing/Public Health Service) required when billing 340B transactions.

Prescriber Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Prescriber Segment Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	<ul style="list-style-type: none"> <li>Ø1 = NPI</li> <li>08 = State License #</li> </ul>	R	
411-DB	PRESCRIBER ID	Prescriber's individual NPI	R	<b>NEW!</b> Prescriber NPI will be required on all pharmacy transactions with a DOS greater than or equal to 02/25/2017. Claims submitted with the Prescriber State License after 02/25/2017 will deny NCPDP EC 25 – Missing/Invalid Prescriber ID.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc., claims.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	Coordination of Benefits/Other Payments Count	Maximum count of 9	M	
338-5C	Other Payer Coverage Type		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (Field # 34Ø-7C) is used
34Ø-7C	OTHER PAYER ID		RW	Required if COB segment is used. Other Payer ID = BIN of other payer.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
443-E8	OTHER PAYER DATE		RW	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication, CCYYMMDD
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW***	Required on all COB claims with Other Coverage Code of 2 or 4 – Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required when there is payment from another source. Required if Other Payer Amount Paid (431-Dv) is used.
431-DV	OTHER PAYER AMOUNT PAID		RW	Required if other payer has approved payment for some/all of the billing. Required on all COB claims with Other Coverage Code of 2 or 4. <ul style="list-style-type: none"> <li>OCC = 2 must submit &gt; \$0.01;</li> <li>OCC = 4 must submit = 0.</li> </ul>
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW***	Required if Other Payer Reject Code (472-6E) is used. Required on all COB claims with Other Coverage Code of 3.
472-6E	OTHER PAYER REJECT CODE		RW	Required on all COB claims with Other Coverage Code of 3
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25	RW***	Required on all COB claims with Other Coverage Code of 2 or 4
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	Required if Other Payer patient Responsibility

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Amount (352-NQ) is submitted. Payer Requirement: Required if OCC = 4. Colorado will only reimburse for amounts submitted with qualifiers 01, 05, and 07. <ul style="list-style-type: none"> <li>Ø1 = Amount Applied to Periodic Deductible (517-FH)</li> <li>Ø5 = Amount of Copay (518-FI)</li> <li>Ø7 = Amount of Coinsurance (572-4U)</li> </ul>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Required for all COB claims with Other Coverage Code of 2 or 4. No blanks allowed

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This segment is always sent		
This segment is situational	X	It is used when a sender notifies the receiver of drug utilization, drug evaluations, or information on the appropriate selection to process the claim/encounter.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences	RW***	Required if DUR/PPS Segment is used
439-E4	REASON FOR SERVICE CODE		RW***	Required when needed to communicate DUR information Allowed Values: <ul style="list-style-type: none"> <li>DD = Drug-Drug Interaction</li> <li>ER = Early Refill</li> </ul>



DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				<ul style="list-style-type: none"> <li>• HD = High Dose</li> <li>• PG = Pregnancy</li> </ul>
44Ø-E5	PROFESSIONAL SERVICE CODE		RW***	Required when needed to communicate DUR information Allowed Values: <ul style="list-style-type: none"> <li>• MA = Medication Administration – use for vaccine</li> <li>• MØ = Prescriber consulted</li> <li>• PØ = Patient consulted</li> <li>• RØ = Pharmacist consulted other source</li> </ul>
441-E6	RESULT OF SERVICE CODE		RW***	Required when needed to communicate DUR information Allowed Values: <ul style="list-style-type: none"> <li>• 1A = Filled As Is, False Positive</li> <li>• 1B = Filled Prescription As Is</li> <li>• 1C = Filled, With Different Dose</li> <li>• 1D = Filled, With Different Directions</li> <li>• 1F = Filled, With Different Quantity</li> <li>• 1G = Filled, With Prescriber Approval</li> <li>• 2A = Prescription not filled</li> <li>• 2B = Not filled, directions clarified</li> </ul>

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This segment is always sent		
This segment is situational	X	It is used for multi-ingredient prescriptions, when each ingredient is reported.

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		M	Colorado Pharmacy supports up to 25 ingredients
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		M	

**\*\*End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template\*\***

## Response Claim Billing/Claim Re-Bill Payer Sheet Template

### Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) Response

**\*\* Start of Response Claim Billing/Claim Re-Bill (B1/B3) Payer Sheet Template\*\***

#### General Information

<b>Payer Name:</b> Magellan Rx Management	<b>Date:</b> 02/25/2017	
<b>Plan Name/Group Name:</b> Colorado Medicaid	<b>BIN:</b> 018902 <b>NEW!</b>	<b>PCN:</b> P303018902 <b>NEW!</b>

### Claim Billing/Claim Re-Bill PAID (or Duplicate of PAID) Response

The following lists the segments and fields in a Claim Billing or Claim Re-Bill response (Paid or Duplicate of Paid) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	<i>Sent if additional information is available from the payer/processor.</i>

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		RW	<ul style="list-style-type: none"> <li>Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.</li> <li></li> </ul>

Response Patient Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	PATIENT FIRST NAME		RW	Required if known.
311-CB	PATIENT LAST NAME		RW	Required if known.
304-C4	DATE OF BIRTH		RW	Required if known.

Response Status Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER		RW	Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT		RW	Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		RW	<ul style="list-style-type: none"> <li>Required if this value is used to arrive at the final reimbursement.</li> </ul>
557-AV	TAX EXEMPT INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.</li> </ul>
521-FL	INCENTIVE AMOUNT PAID		RW	<ul style="list-style-type: none"> <li>Required if this value is used to arrive at the final reimbursement.</li> <li>Required if Incentive Amount Submitted (438-E3) is greater than zero (0).</li> </ul>
563-J2	OTHER AMOUNT PAID COUNT		RW	<ul style="list-style-type: none"> <li><i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.</li> </ul>
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	<ul style="list-style-type: none"> <li><i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.</li> </ul>
565-J4	OTHER AMOUNT PAID		RW	<ul style="list-style-type: none"> <li>Required if this value is used to arrive at the final reimbursement.</li> <li>Required if Other Amount Claimed Submitted (480-H9) is greater than zero (0).</li> </ul>

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	<ul style="list-style-type: none"> <li>Required if this value is used to arrive at the final reimbursement.</li> <li>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.</li> </ul>
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	<ul style="list-style-type: none"> <li>Required if Ingredient Cost Paid (506-F6) is greater than zero (Ø).</li> <li>Required if Basis of Cost Determination (432-DN) is submitted on billing.</li> </ul>
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	<ul style="list-style-type: none"> <li>Provided for informational purposes only.</li> </ul>
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	<ul style="list-style-type: none"> <li>Provided for informational purposes only.</li> </ul>
514-FE	REMAINING BENEFIT AMOUNT		RW	<ul style="list-style-type: none"> <li>Provided for informational purposes only.</li> </ul>
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	<ul style="list-style-type: none"> <li>Required if Patient Pay Amount (505-F5) includes deductible</li> </ul>
518-FI	AMOUNT OF COPAY		RW	<ul style="list-style-type: none"> <li>Required if Patient Pay Amount (505-F5) includes co-pay as patient financial responsibility.</li> </ul>
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	<ul style="list-style-type: none"> <li>Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum.</li> </ul>
572-4U	AMOUNT OF COINSURANCE		RW	<ul style="list-style-type: none"> <li>Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.</li> </ul>
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	<ul style="list-style-type: none"> <li>This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount.</li> </ul>

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	<ul style="list-style-type: none"> <li>Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (505-F5). The resulting Patient Pay Amount (505-F5) must be greater than or equal to zero.</li> </ul>

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when DUR intervention is encountered during claim processing.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER		RW	<ul style="list-style-type: none"> <li>Required if Reason for Service Code (439-E4) is used.</li> </ul>
439-E4	REASON FOR SERVICE CODE		RW	<ul style="list-style-type: none"> <li>Required if utilization conflict is detected.</li> </ul>
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>
529-FT	OTHER PHARMACY INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>
530-FU	PREVIOUS DATE OF FILL		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> <li>Required if Quantity of Previous Fill (531-FV) is used.</li> </ul>
531-FV	QUANTITY OF PREVIOUS FILL		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> <li>Required if Previous Date Of Fill (530-FU) is used.</li> </ul>
532-FW	DATABASE INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>
533-FX	OTHER PRESCRIBER INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>



Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
544-FY	DUR FREE TEXT MESSAGE		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>
570-NS	DUR ADDITIONAL TEXT		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claims processing.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT		M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	<ul style="list-style-type: none"> <li>Required if Other Payer ID (340-7C) is used.</li> </ul>
340-7C	OTHER PAYER ID		RW	<ul style="list-style-type: none"> <li>Required if other insurance information is available for coordination of benefits.</li> </ul>
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	<ul style="list-style-type: none"> <li>Required if other insurance information is available for coordination of benefits.</li> </ul>
356-NU	OTHER PAYER CARDHOLDER ID		RW	<ul style="list-style-type: none"> <li>Required if other insurance information is available for coordination of benefits.</li> </ul>
992-MJ	OTHER PAYER GROUP ID		RW	<ul style="list-style-type: none"> <li>Required if other insurance information is available for coordination of benefits.</li> </ul>
142-UV	OTHER PAYER PERSON CODE		RW	<ul style="list-style-type: none"> <li>Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.</li> </ul>
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> <li>Required if needed to provide a support telephone number of the other payer to the receiver.</li> </ul>

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	<ul style="list-style-type: none"> <li>Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.</li> </ul>

## Claim Billing/Claim Re-Bill Accepted/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		R	<ul style="list-style-type: none"> <li>Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.</li> <li>Required to identify the actual group that was used when multiple group coverage exist.</li> </ul>

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		RW	<ul style="list-style-type: none"> <li>Required if the identification to be used in future transactions is different than what was submitted on the request.</li> </ul>

Response Patient Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when known by plan

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	PATIENT FIRST NAME		RW	<ul style="list-style-type: none"> <li>Required if known.</li> </ul>
311-CB	PATIENT LAST NAME		RW	<ul style="list-style-type: none"> <li>Required if known.</li> </ul>
304-C4	DATE OF BIRTH		RW	<ul style="list-style-type: none"> <li>Required if known.</li> </ul>

Response Status Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER			<ul style="list-style-type: none"> <li>Required if needed to identify the transaction.</li> </ul>
510-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if a repeating field is in error, to identify repeating field occurrence.</li> </ul>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	<ul style="list-style-type: none"> <li>Required if Additional Message Information (526-FQ) is used.</li> </ul>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> <li>Required if Additional Message Information (526-FQ) is used.</li> </ul>

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> <li>Required when additional text is needed for clarification or detail.</li> </ul>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> <li>Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.</li> </ul>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> <li>Required if Help Desk Phone Number (550-8F) is used.</li> </ul>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> <li>Required if needed to provide a support telephone number to the receiver.</li> </ul>

Response Claim Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	<i>Imp Guide:</i> For Transaction Code of "B1," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when DUR intervention is encountered during claim adjudication.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	<ul style="list-style-type: none"> <li>Required if Reason For Service Code (439-E4) is used.</li> </ul>
439-E4	REASON FOR SERVICE CODE		RW	<ul style="list-style-type: none"> <li>Required if utilization conflict is detected.</li> </ul>
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>
529-FT	OTHER PHARMACY INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>
530-FU	PREVIOUS DATE OF FILL		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> <li>Required if Quantity of Previous Fill (531-FV) is used.</li> </ul>
531-FV	QUANTITY OF PREVIOUS FILL		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> <li>Required if Previous Date Of Fill (530-FU) is used.</li> </ul>
532-FW	DATABASE INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>
533-FX	OTHER PRESCRIBER INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>
544-FY	DUR FREE TEXT MESSAGE		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>
570-NS	DUR ADDITIONAL TEXT		RW	<ul style="list-style-type: none"> <li>Required if needed to supply additional information for the utilization conflict.</li> </ul>

Response Prior Authorization Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when claim adjudication outcome requires subsequent PA number for payment

Response Prior Authorization Segment Segment Identification (111-AM) = "26"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

498-PY	PRIOR AUTHORIZATION NUMBER–ASSIGNED		RW	Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim.
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Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claim processing.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT		M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (340-7C) is used.
340-7C	OTHER PAYER ID		RW	Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Required if other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	OTHER PAYER GROUP ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	OTHER PAYER PERSON CODE		RW	Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.

## Claim Billing/Claim Re-Bill Rejected/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-Bill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<ul style="list-style-type: none"> <li>Required if text is needed for clarification or detail.</li> </ul>

Response Status Segment Questions	Check	Claim Billing/Claim Re-Bill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER		RW	<ul style="list-style-type: none"> <li>Required if needed to identify the transaction.</li> </ul>
510-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	



Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if a repeating field is in error, to identify repeating field occurrence.</li> </ul>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	<ul style="list-style-type: none"> <li>Required if Additional Message Information (526-FQ) is used.</li> </ul>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> <li>Required if Additional Message Information (526-FQ) is used.</li> </ul>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> <li>Required when additional text is needed for clarification or detail.</li> </ul>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> <li>Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.</li> </ul>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> <li>Required if Help Desk Phone Number (550-8F) is used.</li> </ul>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> <li>Required if needed to provide a support telephone number to the receiver.</li> </ul>
** End of Response Claim Billing/Claim Re-Bill (B1/B3) Payer Sheet Template**				

## NCPDP Version D.0 Claim Reversal Template

### Request Claim Reversal Payer Sheet Template

**\*\* Start of Request Claim Reversal (B2) Payer Sheet Template\*\***

#### General Information

<b>Payer Name:</b> Magellan Rx Management	<b>Date:</b> 02/25/2017	
<b>Client Name:</b> Colorado Medicaid	<b>BIN:</b> 018902 <b>NEW!</b>	<b>PCN:</b> P303018902 <b>NEW!</b>

#### Claim Reversal Transaction

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

Transaction Header Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued	X	

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	018902	M	<b>NEW!</b>
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
104-A4	PROCESSOR CONTROL NUMBER	P303018902	M	<b>NEW!</b>
109-A9	TRANSACTION COUNT		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	This will be provided by the provider's software vendor	M	If no number is supplied, populate with zeros

Insurance Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID	COMEDICAID	RW	
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	

  

Claim Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	

  

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		R	<ul style="list-style-type: none"> <li>Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day.</li> </ul>
3Ø8-C8	OTHER COVERAGE CODE		RW	<ul style="list-style-type: none"> <li>Required if needed by receiver to match the claim that is being reversed.</li> </ul>

  

Pricing Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<ul style="list-style-type: none"> <li>Required if this field could result in contractually agreed upon payment.</li> </ul>
430-DU	GROSS AMOUNT DUE		RW	<ul style="list-style-type: none"> <li>Required if this field could result in contractually agreed upon payment.</li> </ul>

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc., claims.
Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	OCC codes 0, 1, 2, 3, and 4 Supported (no co-pay only billing allowed)

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT		M	
338-5C	Other Payer Coverage Type		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (Field # 340-7C) is used
340-7C	OTHER PAYER ID		RW	Required if COB segment is used
443-E8	OTHER PAYER DATE		RW	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
341-HB	OTHER PAYER AMOUNT PAID COUNT		RW	Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required when there is payment from another source. Required on all COB claims with Other Coverage Code of 2 "Ø7" is the only accepted value.
431-DV	OTHER PAYER AMOUNT PAID		RW	Required if other payer has approved payment for some/all of the billing.
471-5E	OTHER PAYER REJECT COUNT		RW***	Required on all COB claims with Other Coverage Code of 3.
472-6E	OTHER PAYER REJECT CODE		RW	Required on all COB claims with Other Coverage Code of 3
353-NR	OTHER PAYER – PATIENT RESPONSIBILITY AMOUNT COUNT		R	Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		R	Required if Other Payer-Patient Responsibility Amount (352-NQ) is used
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		R	Required OCC = 2 or 4
** End of Request Claim Reversal (B2) Payer Sheet Template**				

# Response Claim Reversal Payer Sheet Template

## Claim Reversal Accepted/Approved Response

**\*\* Start of Claim Reversal Response (B2) Payer Sheet Template\*\***

### General Information

<b>Payer Name:</b> Magellan Rx Management	<b>Date:</b> 02/25/2017	
<b>Plan Name/Group Name:</b> Colorado Medicaid	BIN: 018902 <b>NEW!</b>	PCN: P303018902 <b>NEW!</b>

## Claim Reversal Accepted/Approved Response

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<ul style="list-style-type: none"> <li>Required if text is needed for clarification or detail.</li> </ul>

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
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This Segment is always sent		X		
Response Status Segment Segment Identification (111-AM) = “21”		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER		RW	<ul style="list-style-type: none"><li>Required if needed to identify the transaction.</li></ul>
547-5F	APPROVED MESSAGE CODE COUNT		RW	<ul style="list-style-type: none"><li>Required if Approved Message Code (548-6F) is used.</li></ul>
548-6F	APPROVED MESSAGE CODE		RW	<ul style="list-style-type: none"><li>Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.</li></ul>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	<ul style="list-style-type: none"><li>Required if Additional Message Information (526-FQ) is used.</li></ul>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"><li>Required if Additional Message Information (526-FQ) is used.</li></ul>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"><li>Required when additional text is needed for clarification or detail.</li></ul>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"><li>Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.</li></ul>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"><li>Required if Help Desk Phone Number (550-8F) is used.</li></ul>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"><li>Required if needed to provide a support telephone number to the receiver.</li></ul>
Response Claim Segment Questions		Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation	
This Segment is always sent		X		

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	For Transaction Code of "B2," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent if reversal results in generation of pricing detail.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
521-FL	INCENTIVE AMOUNT PAID		RW	<ul style="list-style-type: none"> <li>Required if this field is reporting a contractually agreed upon payment.</li> </ul>
509-F9	TOTAL AMOUNT PAID		RW	<ul style="list-style-type: none"> <li>Required if any other payment fields sent by the sender.</li> </ul>

### Claim Reversal Accepted/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	



Response Message Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = “2Ø”		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	<ul style="list-style-type: none"> <li>Required if text is needed for clarification or detail.</li> </ul>

Response Status Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = “21”		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if a repeating field is in error, to identify repeating field occurrence.</li> </ul>
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	<ul style="list-style-type: none"> <li>Required if Additional Message Information (526-FQ) is used.</li> </ul>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> <li>Required if Additional Message Information (526-FQ) is used.</li> </ul>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> <li>Required when additional text is needed for clarification or detail.</li> </ul>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> <li>Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.</li> </ul>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> <li>Required if Help Desk Phone Number (55Ø-8F) is used.</li> </ul>
55Ø-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> <li>Required if needed to provide a support telephone number to the receiver.</li> </ul>

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = “22”		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	For Transaction Code of “B2,” in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is “1” (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Coordination of Benefits/Other Payments Segment Identification (111-AM) = “05”		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT		M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

### Claim Reversal Rejected/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	

Response Transaction Header Segment		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = “20”		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<ul style="list-style-type: none"> <li><i>Imp Guide:</i> Required if text is needed for clarification or detail.</li> <li><i>Payer Requirement:</i> Same as <i>Imp Guide</i></li> </ul>

Response Status Segment Questions	Check	Claim Reversal - Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = “21”		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<ul style="list-style-type: none"> <li>Required if a repeating field is in error, to identify repeating field occurrence.</li> </ul>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	<ul style="list-style-type: none"> <li>Required if Additional Message Information (526-FQ) is used.</li> </ul>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> <li>Required if Additional Message Information (526-FQ) is used.</li> </ul>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> <li>Required when additional text is needed for clarification or detail.</li> </ul>

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> <li>Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.</li> </ul>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> <li>Required if Help Desk Phone Number (550-8F) is used.</li> </ul>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> <li>Required if needed to provide a support telephone number to the receiver.</li> </ul>
** End of Claim Reversal (B2) Response Payer Sheet Template**				